

# PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used in transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing, below.**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

## 1. CORRESPONDENCE ADDRESS

LARRY W STULTS  
JONES & ASKEW  
37TH FLOOR  
191 PEACHTREE STREET NE  
ATLANTA GA 30303-1769

12M2/0610

**RECEIVED**

JUN 17 1997

**JONES & ASKEW**

## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are enclosed

**RECEIVED**

JUL 24 1997

08

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/468,792	06/06/95	080	DAHLEN, G	1203 06/10/97
First Named Applicant	D'AMATO, ROBERT			

TITLE OF INVENTION: METHODS AND COMPOSITIONS FOR INHIBITION OF ANGIOGENESIS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 05213-0113	514-323.000	001	UTILITY	NO	\$1290.00	09/10/97

## 3. Correspondence address change (Complete only if there is a change)

09/08/1997 SERIALIZED 00000104 08468792  
01 FC:142 1290.00 DP  
02 FC:561 30.00 DP

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Jones & Askew

2

3

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:  
The Children's Medical Center Corporation

(2) ADDRESS: (CITY & STATE OR COUNTRY)  
Boston, Massachusetts

## 6a. The following fees are enclosed:

☒ Issue Fee ☒ Advance Order - # of Copies 10

## 6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 10-1215

(ENCLOSE A COPY OF THIS FORM)

☐ Issue Fee ☐ Advance Order - # of Copies

☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date) 7/21/97

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

## Certificate of Mailing

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

on: July 21, 1997 (Date)

Mary Anthony Merchant (Name of person making deposit)

(Signature)

July 21, 1997 (Date)

## 1. TRANSMIT THIS FORM WITH FEE